PTO/SB/22 (10-08)
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PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)	Docket Number (Optional)	
FY 2009	009608.0113PTUS	
(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)		
Application Number 10/648,934-Conf. #4108	Filed	August 27, 2003
For SILICONE MODIFIED POLYUREA		
Art Unit 1796	Examiner	M. G. Moore
This is a request under the provisions of 37 CFR 1.136(a) to extend the per application.		
The requested extension and fee are as follows (check time period desired	and enter the approp	priate fee below):
<u>Fee</u>	Small Entity Fe	<u>e</u>
One month (37 CFR 1.17(a)(1)) \$130	\$65	\$
Two months (37 CFR 1.17(a)(2)) \$490	\$245	\$
X Three months (37 CFR 1.17(a)(3)) \$1110	\$555	\$ 555.00
Four months (37 CFR 1.17(a)(4)) \$1730	\$865	\$
Five months (37 CFR 1.17(a)(5)) \$2350	\$1175	\$
X Applicant claims small entity status. See 37 CFR 1.27.		
A check in the amount of the fee is enclosed.		
X Payment by credit card. Form PTO-2038 is attached.		
The Director has already been authorized to charge fees in this	application to a De	posit Account.
The Director is hereby authorized to charge any fees which may	be required, or cre	edit any overpayment, to
Deposit Account Number 50-2816		
WARNING: Information on this form may become public. Credit card in Provide credit card information and authorization on PTO-2038.	nformation should no	t be included on this form.
I am the applicant/inventor.		
assignee of record of the entire interest. See 37 (Statement under 37 CFR 3.73(b) is enclose	CFR 3.71. d. (Form PTO/SB/	96).
x attorney or agent of record. Registration Number		_
attorney or agent under 37 CFR 1.34.		
Registration number if acting under 37 CFR 1.34		
1 100104500	Dec	ember 4, 2008
Signature		Date
V. Craig Belair	(21	14) 758-6631
Typed or printed name	Telephone Number	
NOTE: Signatures of all the inveniors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.		
Total of 1 forms are submitted.		